116.236.45.2

### **Declaration For Patent Application**

#### 特許出願宣言書

### **Japanese Language Declaration**

#### 日本語宣言書

下記の氏名の発明者として、私は以下の通り宣言します。

下記の名称の発明に関して請求範囲に記載され、特許出願している発明内容について、私が最初かつ唯一の発明者(下記の氏名が一つの場合)もしくは最初かつ共同発明者(下記の名称が複数の場合)であると信じています。

上記発明の明細書は、

□ 本書に添付されています。
□ \_\_\_\_\_ 月 \_\_\_\_ 日に提出され、米国出願番号または特

許協定条約国際出願番号を

\_\_\_\_\_ とし、
(該当する場合) \_\_\_\_\_ に訂正されました。

はは、特許請求範囲を含む上記訂正後の明細書を検討し、 内容を理解していることをここに表明します。

私は、連邦規則法典第37編第1条56項に定義されるとおり、特許資格の有無について重要な情報を開示する義務があることを認めます。継続願書一部分を含む資料案内は前回の願書記入日から、米国顧書または国際特許協定条約継続願書記入日の間に入手できます。

As a below-named inventor, I hereby declare that:

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled.

VASCULAR INTIMAL HYPERPLASIA INHIBITOR

the	ne specification of which					
	is attached hereto.					
Ø	■					
	PCT/JP2005/001518 and was amended on					
			(if applicable)			

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, § 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT International filing date of the continuation-in-part application.

#### **Japanese Language Declaration**

(日本語宣言書)

私は、私自身の知識に基づいて本宣言書中で私が行なう表明が真実であり、かつ私の入手した情報と私の信じるところに基づく表明が全て真実であると信じていること、さらに故意になされた虚偽の表明及びそれと同等の行為は米国法典第18編第1001条に基づき、罰金または拘禁、もしくはその両方により処罰されること、そしてそのような故意による虚偽の声明を行なえば、出顧した、又は既に許可された特許の有効性が失われることを認識し、よってここに上記のごとく宣誓を致します。

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

単独発明者または第 1の共同発明者の氏名		Full name of sole or first inventor Hiroshi Nishiyama			
発明者の署名	日付	Inventor's signature	Date		
		Herioshi Mshiyama	May 21,20=6		
国籍	-	Citizenship			
-		Japan			
第 2の共同発明者の氏名		Full name of second joint inventor, If any Norimasa Shudo			
第 2の共同発明者の署名	日付	Second inventor's signature	Date		
		Noremasa Shudo	May 23 7006		
国籍	<u> </u>	Citizenship	1		
		Japan			

第三の共同発明者(該当する場合)		Full name of third joint inventor, if any Nobutomo Tsuruzoe		
第三発明者の署名	日付			
国 <del>籍</del>		Citizenship Japan		
第四の共同発明者(該当する場合)		Full name of fourth joint inventor, if any		
第四発明者の署名	日付	Fourth inventor's signature Date		
国籍		Citizenship		
第五の共同発明者 (該当する場合)		Full name of fifth joint inventor, if any		
第五発明者の署名	日付	Fifth inventor's signature	Date	
国籍		Citizenship		
第六の共同発明者(該当する場合)		Full name of sixth joint inventor, if any		
第六発明者の署名	日付	Sixth inventor's signature	Date	
国籍		Citizenship		
第七の共同発明者(該当する場合)		Full name of seventh joint inventor, if any		
第七発明者の署名	日付	Seventh inventor's signature Da		
国籍		Citizenship		
第八の共同発明者(該当する場合)	· · · · · · · · · · · · · · · · · · ·	Full name of eighth joint inventor, if any		
第八発明者の署名	日付	Eighth inventor's signature Date		
国籍		Citizenship		
第九の共同発明者(該当する場合)		Full name of ninth joint inventor, if any		
第九発明者の署名	日付	Ninth inventor's signature Date		
国籍		Citizenship	<del>-</del>	
第十の共同発明者 (該当する場合)		Full name of tenth joint inventor, if any		
第十発明者の署名	日付	Tenth inventor's signature	Date	
国籍		Citizenship		

NC-296-UZ-X

## CASE SPECIFIC POWER OF ATTORNEY WHERE MULTIPLE ASSIGNEES ARE PRESENT OR IF THERE IS NO ASSIGNEE

## POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM

Application Number		
Filing Date		
First Named Inventor	Hiroshi Nishiyama	
Title: VASCULAR INTIMAL HYPERPLASIA INHIBITOR		
Attorney Docket Number:	293275US0XPCT	

I hereby appoint:					
□ Practitioners associated with the Customer Number     □ 22850					
	or agent(s) to prosecute the application ademark Office connected therewith.	identified above, and to transa	ct all business in the United		
Please recognize or	change the correspondence address for	the above-identified application	to:		
☐ The address as	sociated with the above-mentioned Cust	omer Number.			
I am the:					
☑ Inventor.	☑ Inventor.				
SIGNATURE OF INVENTOR					
Signature	Hiroshi Nishiyame				
Name	Hiroshi Nishiyama	Te	elephone 81-836-87-3292		
Date	May 13. 2006				
* NOTE: Signatures of all the inventors are required. Total of3 forms are submitted.					

THIS FORM IS USED FOR PATENT APPLICATIONS HAVING MULTIPLE ASSIGNEES OR IF THERE IS NO ASSIGNEE

116-296-43-X

## CASE SPECIFIC POWER OF ATTORNEY WHERE MULTIPLE ASSIGNEES ARE PRESENT OR IF THERE IS NO ASSIGNEE

# POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM

Application Number		
Filing Date		
First Named Inventor	Hiroshi Nishiyama	
Title: VASCULAR INTIMA	L HYPERPLASIA INHIBITOR	
Attorney Docket Number:	293275USOXPCT	

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as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.					
Please recognize or	change the correspondence address for t	he above-identified applica	ation to:		
☐ The address as	ssociated with the above-mentioned Custo	omer Number.			
I am the:					
☑ Inventor.					
SIGNATURE OF INVENTOR					
Signature Normasa Stude					
Name	Norimasa Shudo		Telephone	81-3-3296-8006	
Date	May 23, 2006				
* NOTE: Signat	tures of all the inventors are required. Tot	al of <u>3</u> forms are sub	mitted.		

THIS FORM IS USED FOR PATENT APPLICATIONS HAVING MULTIPLE ASSIGNEES OR IF THERE IS NO ASSIGNEE

116-293-20-X

## CASE SPECIFIC POWER OF ATTORNEY WHERE MULTIPLE ASSIGNEES ARE PRESENT OR IF THERE IS NO ASSIGNEE

# POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM

Application Number			
Filing Date			
First Named Inventor	Hiroshi Nishiyama		
Title: VASCULAR INTIMAL HYPERPLASIA INHIBITOR			
Attorney Docket Number:	293275US0XPCT		

I hereby appoint:					
□ Practitioners associated with the Customer Number     □ 22850					
	as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.				
Please recognize or	change the correspondence address for t	he above-identified applicati	on to:		
☐ The address as	ssociated with the above-mentioned Custo	omer Number.			
l am the: ☑ Inventor.					
SIGNATURE OF INVENTOR					
Signature	Orbotono Terrizol				
Name	Nobutomo Tsuruzoe		Telephone	81-480-92-2513	
Date	May 22, 2006				
* NOTE: Signatures of all the inventors are required. Total of3 forms are submitted.					

THIS FORM IS USED FOR PATENT APPLICATIONS HAVING MULTIPLE ASSIGNEES OR IF THERE IS NO ASSIGNEE